

PCT INTERNATIONAL APPLICATION TRANSMITTAL LETTER	DATE: 20 June 2003
REGARDING THE INTERNATIONAL APPLICATION OF: Genzyme Corporation	DOCKET OR REFERENCE NO.: 4830-30PCT
ENTITLED: Silicone Blends and Composites for Drug Delivery	

Certification under 37 CFR 1.10 (if applicable)

EL636862281US

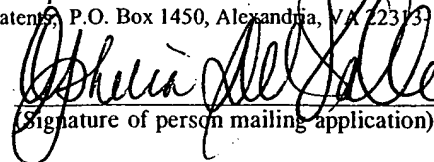
Express Mail" mailing number

20 June 2003
Date of Deposit

I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Ophelia Del Valle

(Typed or printed name of person mailing application)


(Signature of person mailing application)

To the United States Receiving Office (RO/US):

Accompanying this transmittal letter is the above-identified International application, including a completed Request form (PCT/RO/101). Please process the application according to the provisions of the Patent Cooperation Treaty.

The following requests are made of the RO/US:

1. ☒ **PREPARATION AND TRANSMITTAL OF CERTIFIED COPY OF PRIORITY DOCUMENTS** - Please prepare and transmit to the International Bureau a certified copy of the United States origin priority documents identified in Box VI of the Request form (37 CFR 1.451).

To cover the cost of copy preparation and certification (37 CFR 1.19(a)(3) and (b)(1)),

☒ a check in the amount of \$1585.00 is attached to this transmittal letter.

☐ the RO/US is hereby authorized to charge the following deposit account no.: 03-2412.

The appropriate Search fee for the above-named Authority is indicated on the Fee Calculation Sheet (PCT/RO/101 Annex).

2. ☒ **SUPPLEMENTAL SEARCH FEES (ONLY WHEN ISA/US CONDUCTS THE INTERNATIONAL SEARCH.)** - Please charge any Supplemental Search fees that may be required by the United States International Searching Authority (ISA/US) to deposit account no. 03-2412.

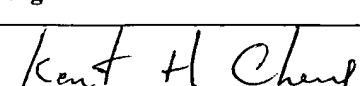
I understand that this authorization is subject to my oral confirmation thereof in each instance and that it in no way limits my right to submit a protest against payment of the Supplemental Search fees, but is merely an administrative aid to assure that the ISA/US may timely complete the Search Report.

NOTE: SUPPLEMENTAL SEARCH FEES FOR ISA/EP ARE PAYABLE DIRECTLY TO THE EUROPEAN PATENT OFFICE

3. ☒ **DISCLOSURE INFORMATION** - In order to assist in screening the accompanying International application for purposes of determining whether a license for foreign transmittal should and could be granted, the following information is supplied:
- A. ☐ There is no prior filed application relating to this invention.
- B. ☒ There is a prior application*, serial number 60/390,665 filed on 21 June 2002 which contains subject matter that is
1. ☐ substantially identical to that of the accompanying International application.
2. ☐ less than that of the accompanying International application. The additional subject matter of the International application appears on page(s) and line(s)
3. ☐ more than that of the accompanying International application.
- C. ☐ Disclosure information cannot be covered by the language of Points 3A and 3B above due to the involvement of several prior applications or for other reasons. A separate sheet on which the disclosure information is explained is attached to this transmittal letter.

4. ☒ **REQUEST FOR FOREIGN TRANSMITTAL LICENSE** - According to the provisions of 35 U.S.C. 184 and 37 CFR 5.11, a license to transmit the accompanying International application to foreign agencies or international authorities is hereby requested.

* Priority is not claimed, unless all necessary information is listed in Box VI of the Request Form (PCT/RO/101).

Signer is the <input type="checkbox"/> Applicant <input type="checkbox"/> Common Representative <input checked="" type="checkbox"/> Attorney	Name of Signer: Kent H. Cheng
	Signature 

PCT
REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receipt Office use only	
International Application No.	
International Filing Date	
Name of receiving office and "PCT International Application"	
Applicant's or agent's file reference:	4830-30PCT

Box No. I	TITLE OF THE INVENTION Silicone Blends and Composites for Drug Delivery			
Box No. II	APPLICANT			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		<input type="checkbox"/> This person is also inventor		
Genzyme Corporation 1 Kendall Square Cambridge, MA, 02139 US		Telephone No. 617-252-7804		
		Facsimile No. 617-252-7553		
		Teleprinter No.		
State (that is, country) of nationality: US		State (that is, country) of residence: US		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is:		
RATNER, Buddy Cambridge, MA US		<input type="checkbox"/> applicant only		
		<input checked="" type="checkbox"/> applicant and inventor		
		<input type="checkbox"/> inventor only (If this box is marked, do not fill in below.)		
State (that is, country) of nationality: US		State (that is, country) of residence: US		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet				
Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:		<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative		
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> Kent H. Cheng Cohen, Pontani, Lieberman & Pavane 551 Fifth Avenue, Suite 1210 New York, New York 10176, US		Telephone No. (212) 687-2770		
		Facsimile No. (212) 972-5487		
		Teleprinter No.		
<input type="checkbox"/> Address for correspondence: Mark this box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.				

Form PCT/RO/101 (July 1998; reprint January 2000)

See Notes to the request form

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):
Regional Patent

- ☐ AP **ARIPO Patent:** GH Ghana, Gambia, KE Kenya, LS Lesotho, MW Malawi, MZambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☐ EP **European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, GQ Equatorial Guinea and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on the following line):

National Patent (if other kind of protection or treatment desired, specify on line following name of state):

- | | |
|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> LK Sri Lanka |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> LR Liberia |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LU Luxembourg |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MA Morocco |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> MZ Mozambique |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> CN China | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CO Columbia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> IL Israel | <input type="checkbox"/> US United States of America |
| <input type="checkbox"/> IN India | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> JP Japan | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |
| <input type="checkbox"/> LC Saint Lucia | |

Check-boxes reserved for designating States (for the purposes of a national Patent) which have become party to the PCT after the issuance of this sheet:
[]

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Supplemental Box []				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: Country	Regional application: Regional Office	International application: Receiving Office
Item (1) 21 June 2002	60/390,665	US		
Item (2)				
Item (3)				
<p>[X] The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): _____</p> <p>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See supplemental Box.</p>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA/EP		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional office)		
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: 1. request: 4 sheets 2. description (excluding sequence listing part): 19 sheets 3. claims: 3 sheets 4. abstract: 1 sheet 5. drawings: 12 sheets 6. sequence listing part of description: 0 sheets Total: 39 sheets		This international application is accompanied by the item(s) marked below: 1. [X] fee calculation sheet 2. [x] separate signed power of attorney 3. [] copy of general power of attorney; reference number, if any: 4. [] statement explaining lack of signature 5. [] priority document(s) identified in Box No. VI as item(s): 6. [] translation of international application into (language): 7. [] separate indications concerning deposited microorganism or other biological material 8. [] nucleotide and/or amino acid sequence listing in computer readable form 9. [] other (specify):		
Figure of the drawings which Should accompany the abstract:		Language of filing Of the international application: English		
Box No. IX SIGNATURE OF AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Kent H. Cheng Reg. No. 33,849 (212) 687-2770 </div> <div style="width: 45%; text-align: right;"> Cohen, Pontani, Lieberman & Pavane 551 Fifth Avenue, Suite 1210 New York, NY, 10176, U.S. </div> </div>				
For receiving Office use only 1. Date of actual receipt of the purported international application: 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2):		2. Drawings [] received: [] not received: 6. [] Transmittal of search copy delayed until search fee is paid		
5. International Searching Authority (if two or more are competent): ISA/				
For International Bureau use only				
Date of receipt of the record Copy by the International Bureau:				

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KWOK, Connie
Cambridge, MA

US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this box is marked, do not fill in below.)

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of: ☐ all designated States

☐ all designated states except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WALLINE, Katie
Cambridge, MA

US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this box is marked, do not fill in below.)

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of: ☐ all designated States

☐ all designated states except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

JOHNSTON, Erika
Cambridge, MA

US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this box is marked, do not fill in below.)

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of: ☐ all designated States

☐ all designated states except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MILLER, Robert J.
Cambridge, MA

US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this box is marked, do not fill in below.)

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of: ☐ all designated States

☐ all designated states except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

PCT
FEE CALCULATION SHEET
 Annex to Request

For receiving Office use only

International Application No.

Attorney Docket No.: 4830-30PCT

Date stamp of the receiving Office

Applicant: Genzyme Corporation et al.

CALCULATION OF PRESCRIBED FEES

- | | | |
|--------------------------|--------|-----|
| 1. TRANSMITTAL FEE | \$ 240 | [T] |
| 2. SEARCH FEE | \$ 450 | [S] |

International search to be carried out by ISA/US
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic FeeThe international application contains sheets.

First 30 sheets	\$ 455	[b ₁]
<u> 0 </u> X <u> 0 </u> =	\$ - 0 -	[b ₂]

Remaining sheets additional amount

Add amounts entered at b ₁ and b ₂ and enter total at B	\$ 455	[B]
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Designation FeesThe international application contains 4 designations

<u> 4 </u> X <u> 105 </u> =	\$ 420	[D]
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No. of designations fee amount of designation fee
payable (maximum 5)

Add amounts entered at B and D and enter total at I	\$ 875	[I]
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(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

- | | | |
|--|-------|-----|
| 4. FEE FOR PRIORITY DOCUMENT (if applicable) | \$ 20 | [P] |
|--|-------|-----|

- | | | |
|--|--------------|--|
| 5. TOTAL FEES PAYABLE | \$ 1585 | |
| Add amounts entered at T, S, I and P, and enter total in the TOTAL box | | |
| | TOTAL | |

☐ The designation fee(s) is(are) not paid at this time**MODE OF PAYMENT**

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> authorization to charge deposit account (see below) | <input type="checkbox"/> bank draft | <input type="checkbox"/> coupons |
| <input type="checkbox"/> cheque | <input type="checkbox"/> cash | <input type="checkbox"/> other (specify): |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> revenue stamps | |

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

- The RO/US ☒ is hereby authorized to charge the total fees indicated above to my deposit account.
☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.
☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

03-2412
Deposit Account Number20 June 2003
Date (day/month/year)

Kent H. Cheng
 Kent H. Cheng
 Reg. No. 33,849